



Referral *LINK*

Growing Business Through Trusted Relationships

New Member Application

Date of Application _____

Name of Applicant _____

The Referral LINK Networking Group meets in a friendly but structured environment to exchange referrals, share ideas, mentor one another, identify and develop co-marketing ideas and much more.

We are committed to the highest ethical standards and values when conducting business. Our purpose is to build strong, lasting relationships centered on trust, respect and awareness between members of the network.

In order to maintain an effective networking collaboration, members are responsible for honoring guidelines that serve to keep the group strong. These guidelines are outlined below.

Membership Guidelines

A member in 'good standing' must:

1. Be current with dues or cash calls (dues: \$100 initial fee and cash calls: \$100 twice yearly February & September)
2. Fulfill a minimum of two of the following three commitments on a rolling 12 month period but this will be reviewed quarterly by the Vice President & Membership Chair:
 - Meeting Attendance – 75%
 - 12 Lunch Buddies per year – 1 per month with another member
 - 24 Referrals to fellow members per year or 2 per month if a member joins mid-year

Each quarter, the Vice President compiles a member in good standing report based on the reports provided monthly during the administrative section of meetings. The report is sent to the President to be distributed with the Meeting Agenda and Minutes.

If you are not in good standing after a quarter, then you will not be allowed to present to the group until you have met the requirements. At this time, you will be contacted by the Vice President and Membership Chair for assistance. After failing to meet the criteria for 2 consecutive quarters, members may begin to invite new people from your category as a potential replacement. You will still be considered a member of Referral LINK; however, you must work to meet the member in good standing



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requirements. You could lose your category spot if the group majority votes in a potential new member. These requirements are on a rolling 12 month period and reviewed quarterly .

Participation Guidelines

Participation and leadership is essential to the strength of the group. Referral LINK members are encouraged to participate in all meetings and serve as officers for the group.

A member's Nature of Business choice must be 80% of what they do for their business. In order to have as many network partners and have good working relationships, please respect each member's 80% nature of business.

- If you are unable to attend a meeting you are asked to notify the President or Secretary. You can have a representative for your business attend a meeting and it counts towards your attendance record.
- Members are given the opportunity to present their business at different times during the year depending on the number of members.
- You are encouraged to serve as an officer.

Questionnaire to be completed by Applicant

Name of your Business and description of 80% _____

How many employees and / or staff work with you? _____

How did you hear about Referral LINK and is there a current member sponsoring you? _____

What other (if any) networking groups do you currently or have you participated in the past? Please note that if any other group limits the number of members per profession, Referral LINK requires you to



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be a member of only one such group.

Please review the Membership Guidelines and Participation Guidelines in this Application. Do you believe that you can fulfill these requirements? YES NO

Members are encouraged to accept formal and informal leadership roles for projects, committees, events or officer positions. Do you think you would be able to participate by serving in these various roles? YES NO

What leadership roles have you held in any other groups you've been involved in? _____

What are your personal expectations in joining Referral LINK Networking? _____

The purpose of Referral LINK Networking Group is to build strong relationships centered on trust between members. Briefly share how you would add value to the group. _____

Within your business category, do you have a specialty that can differentiate you from others in your business category? If so, please be specific. _____

Briefly share how you feel you would add value to the group. _____



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The following is to be completed by the Referral LINK Member acting as sponsor and/or Membership Committee Chair/ Member(s) who completed the interview:

Date of Interview: _____ Interviewing Members: _____

Do you recommend this individual be invited to join Referral LINK? Why or why not? _____

Applicant's Full Name _____ Business Name _____

Nature of Your Business (80%) _____

Mailing Address _____

Phone (work) _____ Phone (cell) _____

Email Address _____

Website URL _____

Linked In URL _____ Facebook URL _____

Thank you for your interest in Referral LINK Networking Group.